Labor Organization Officer and Employee Report

U.S. Department of Labor PDF

Employment Standards Administration
Office of Labor-Managemer Indards





This report is mandatory under P.L. 86-257, a mended. Fallure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

Name and address of person filing		2. Name and address	of labor organization	
Ron Alman , Vice President 487 Massapoag Avenue Sbaron, MA 02067		. Notice and address	or more organization	
Position in labor organization	4. Date fiscal year 12/31/2001	ended	5. File number (if a	ssigned)
inter appropriate data below if, during the past f	fiscal year, you or you	ur spouse or minor chi	Id directly or indirectly he	dany of the following in-
erests (except as specified in the exclusions se . Held an interest in, engaged in transactions			other economic benefit of	monetary value from an
employer whose employees your organizati	on represents or is a		ent.	
i. Name of Employer UNITE		Address of Employer	275 Seventh Avenue New York, NY 10001	, 11th Floor
. Nature of Interest, Transaction or Income				
Member of the Board of Directors B. Held an interest in or derived income or econor from, selling or leasing to, or otherwise dealing seeking to represent, or (2) any part of which co	mic benefit with mone with the business of a posists of buying from o	tary value from a busin n employer whose emplor or selling or leasing direc	ess (1) a substantial part o	on represents or is actively
organization or with a trust in which your labor of Name of business	rganization is intereste	Address of business		
Amalgamated Bank Of New York	•	Address of business	15 Union Square New York, NY 10003	
. Business deals with—		10. If 98 or 9C is chec	ked give trust or employer's	s name
☐ A. Labor Organization ☐ B. Trust	☐ C. Employer			
2. Nature of interest held or income received \$991.02				
. Received from any employer (other than an any payment of money or other thing of value	employer covered und	er parts A and B above)	or from any labor relations	consultant to an employer
Name and address of employer O	or consultant	14. Nature of paymen		
None		None		S Recd WIN 2 2008
IF MORE	SPACE IS NEEDED	ATTACH ADDITIONAL	SHEET\$	
 Signature and verification—The undersigned the attachments incorporated therein or referre correct and complete. 				
gred: Rnall M alman) at New York,	עוע		20/22/02
ined: 14 mace 1111 Woman	at New York,	MI	State	on 10/22/03 Date
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